

Employment Application

An Equal Opportunity Employer



14306 Park Avenue, Victorville, CA 92392
(760) 245-1661 • Fax: (760) 245-2699
Visit our web site: <http://www.mdaqmd.ca.gov>

Personnel Use Only

MQ's Yes ☐ No ☐ Incomplete ☐

☐ Ed. ☐ Exp. ☐ Lic./Cert

Date: _____ By: _____

Comments

Name

Last

First

Middle

Mailing Address

Number and Street

Home Phone

City

State

Zip Code

Alternate Phone

JOB TITLE

I am applying for _____

EDUCATION

Select highest level of education completed

-12 ☐ 12: High School Graduate ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 16+ ☐

Did you pass the State High School Equivalency Exam, or do you possess a G.E.D. High School Level certificate? Yes ☐ No ☐

Issuing Institution: _____

College/University

Degree Earned
(B.S., B.A., A.A., etc.)

No. of Units

Major

<u>College/University</u>	<u>Degree Earned</u> (B.S., B.A., A.A., etc.)	<u>No. of Units</u>	<u>Major</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROFESSIONAL CREDENTIALS (LICENSE, CERTIFICATE, REGISTRATION)

Granting Agency

Date Granted

Date Expires

GENERAL INFORMATION

Would you accept temporary employment? Yes ☐ No ☐

Are you now or have you ever been employed by the District? If yes, please provide date(s)/position(s)/department(s). Yes ☐ No ☐

Are you related by blood or marriage to any person(s) presently employed with the District? If yes, please provide name(s) of relative(s) and relationship. Yes ☐ No ☐

Having read the job announcement for this position, are you able to perform the essential functions with or without reasonable accommodations? Yes ☐ No ☐

If hired, can you provide proof of the right to work in the U.S.? Yes ☐ No ☐

Can you furnish proof of having a valid California Driver License, if hired? Yes ☐ No ☐

Have you ever been convicted of a felony? If yes, please explain. Yes ☐ No ☐

Have you ever worked under or been known by another name? If yes, please list name(s) and dates used. Yes ☐ No ☐

Have you ever been terminated from employment or forced to resign? If yes, please explain. Yes ☐ No ☐

RELEVANT EMPLOYMENT HISTORY - List experience related to the position for which you are applying. Start with your most recent employer. Please complete the additional page if your experience exceeds three (3) employers/positions.

In order for your application to be considered, the following section must be completed. If you are attaching a resume, please note, a resume may be attached, but will not be accepted in lieu of completing this section.

May we contact all employers listed? Yes ☐ No ☐ Indicate exceptions: _____

A	From:	To:	Employer	Address	Salary
	Month Year	Month Year			
			Supervisor's Name:		Hrs. Worked/Week
			Title:		
			Telephone:		

Job Title _____

Duties

Reason for Leaving: _____

B	From:	To:	Employer	Address	Salary
	Month Year	Month Year			
			Supervisor's Name:		Hrs. Worked/Week
			Title:		
			Telephone:		

Job Title _____

Duties

Reason for Leaving: _____

C	From:	To:	Employer	Address	Salary
	Month Year	Month Year			
			Supervisor's Name:		Hrs. Worked/Week
			Title:		
			Telephone:		

Job Title _____

Duties

Reason for Leaving: _____

READ THIS STATEMENT BEFORE SIGNING

I declare each of the answers given to the questions on this application to be complete and true to the best of my knowledge. I understand that any misrepresentations or omissions may be cause for disqualification or dismissal. Unless otherwise noted, I authorize the investigation of all statements given in this application, including contacting current and former employers.

Sign: _____ Date: _____

**IMPORTANT NOTICE
REGARDING EMPLOYMENT**

Official notification of employment occurs when a candidate receives a written offer of employment from the Personnel Director or his/her designee. Certain positions may require a medical examination to ascertain a candidate's ability to perform the essential functions of the position, with or without reasonable accommodations.

DATE STAMP

Equal Employment Opportunity/Affirmative Action Information

Job Title - I am applying for: _____

The following information is requested to assist in implementing the District's Equal Employment Opportunity policy. Submission of the requested information is strictly voluntary and is not required to apply for the position, nor will this information be used in making employment decisions. This questionnaire is not part of the official application.

Please Check One:

- ☐ I can perform the essential functions of the position **without** reasonable accommodations.
- ☐ I can perform the essential functions of the position **with** reasonable accommodations.

If you need special assistance or accommodations to participate in either a written, practical or oral examination, please describe the type of assistance or accommodations needed:

Please Check One: ☐ Male ☐ Female

Please Check One:

- ☐ **White** (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- ☐ **Black or African American** (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
- ☐ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- ☐ **Native Hawaiian or Other Pacific Islander** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **Asian** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **American Indian or Alaska Native** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- ☐ **Two or More Races** (Not Hispanic or Latino) - All persons who identify with more than one of the above six races.

ONLY TO BE COMPLETED IF NECESSARY

D	From: Month Year _____	To: Month Year _____	Employer 	Address 	Salary
				Supervisor's Name: Title: Telephone:	Hrs. Worked/Week

Job Title _____

Duties _____

Reason for Leaving:

E	From: Month Year _____	To: Month Year _____	Employer 	Address 	Salary
				Supervisor's Name: Title: Telephone:	Hrs. Worked/Week

Job Title _____

Duties _____

Reason for Leaving:

F	From: Month Year _____	To: Month Year _____	Employer 	Address 	Salary
				Supervisor's Name: Title: Telephone:	Hrs. Worked/Week

Job Title _____

Duties _____

Reason for Leaving:

G	From: Month Year _____	To: Month Year _____	Employer 	Address 	Salary
				Supervisor's Name: Title: Telephone:	Hrs. Worked/Week

Job Title _____

Duties _____

Reason for Leaving:

READ THIS STATEMENT BEFORE SIGNING I declare each of the answers given to the questions on this application to be complete and true to the best of my knowledge. I understand that any misrepresentations or omissions may be cause for disqualification or dismissal. Unless otherwise noted, I authorize the investigation of all statements given in this application, including contacting current and former employers.

Sign: _____ Date: _____